

<p style="text-align: center;">SAMPLE LETTER REQUESTING MEDICAL DOCUMENTATION FROM AN EMPLOYEE</p>

[NOTE: All footnotes and Brackets below contain supervisory instructions and should not be included in the final letter. All letters medical documentation are to be reviewed by an Employee Relations Specialist in the Personnel Office prior to issuance. See instructions in Chapter 2 regarding supervisory-maintained personnel records.]

To: Employee Name, Title

From: Supervisor,

Subject: Request for Medical Documentation

[Describe the reason you are requesting additional medical documentation from the employee, as in the following examples:]

- You have submitted a brief statement from your doctor indicating that you cannot operate a drag line because of your foot injury, or
- You have requested to use extended sick leave, or
- You have requested that your tour-of-duty to be changed to a part-time because of a medical condition, etc.

In order to properly consider your request, I need [more detailed, or additional] medical documentation from your physician concerning your medical condition. Specifically, I need documentation that addresses the items listed below. [Of the following items, include only those that are necessary and relevant.] A new medical examination is not necessary if your doctor can provide current information from his/her records. It is preferable that the documentation be recorded on his/her letterhead stationery and that each item be responded to by the item number. Your doctor should be sure to sign the report. If an item is not applicable, he/she should so indicate.

- (a) The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.
- (b) Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination, results of laboratory tests, X-rays, EKGs and other special evaluations or diagnostic procedures.
- (c) Diagnosis, including the current clinical status.

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(d) Prognosis, including plans or recommendations for future treatment and an estimate of the expected date of full or partial recovery, if applicable.

(e) An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted, and where they are warranted, an explanation of their therapeutic risk avoiding value.

(f) An explanation of the medical basis for any conclusion which indicates the likelihood that you are or are not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of your position.

(g) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well stabilized and the likelihood that you may experience sudden or subtle incapacitation as a result of the medical condition.

You are responsible for any costs incurred in connection with obtaining this documentation. So that your physician has sufficient information to respond to the items concerning your ability to perform in your job and accommodations that might be recommended, it is important that you provide him/her with your position description. If your physician has any question about the information being requested, or if he/she needs any additional information regarding the requirements of your job, he/she can telephone me at [telephone number].

If you are unable to provide the medical documentation, I will decide on your request based on the limited information you have previously provided to me.

Sincerely,

Mr. Soupy R. Visor

[NOTE: On a copy of the letter the following type for the employee to sign:]

I acknowledge receiving this document.

Signature

Date